

HOURLY CHILD CARE CENTER

Date: _____ Start Time: _____ End Time: _____ Type of Survey: _____

Facility Name: _____ Phone Number: _____

Address: _____ Capacity: _____

Director's Name: _____

Notes: _____

| / | # | R430-60- | KEY WORDS | NOTES |
|--|----------|-----------------|--|--------------|
| <i>PARENT AREA - OBSERVATION</i> | | | | |
| | 5 | 11(1) | sign-in and sign-out | |
| | 5 | 13(1)(a) | evacuation routes | |
| | 1 | 430-2-7(3) | post license | |
| <i>PARENT AREA - POTENTIAL QUESTION THAT MAY BE ASKED OF STAFF</i> | | | | |
| | 10 | 11(1) | What do you do when someone you don't know wants to pick up a child? | |
| <i>TELEPHONE - OBSERVATION</i> | | | | |
| | 10 | 13(1)(b) | working telephone | |
| | 5 | 13(1)(c) | emergency phone numbers posted | |
| <i>INFANT AREA - OBSERVATION</i> | | | | |
| | 7 | 13(10)(b) | appropriate size furniture safety straps on high chairs | |
| | 7 | 13(10)(h) | no walkers with wheels | |
| | 5 | 15(8) | baby food labeled with child's name | |
| | 5 | 13(15) | 70 degrees at floor level | |
| <i>INFANT AREA - POTENTIAL QUESTIONS THAT MAY BE ASKED OF STAFF</i> | | | | |
| | 7 | 13(10)(c) | How often do you clean and disinfect toys? | |

| / | # | R430-60- | KEY WORDS | NOTES |
|---|----------|-----------------|---|--------------|
| | 7 | 15(10) | How do you feed infants who are not yet able to sit up and hold a bottle? | |
| | 5 | 15(5) | How often do you wash, rinse and sanitize high chair trays ? | |
| | 3 | 15(9) | How long do you keep infant formula and breast milk after a feeding or initiating a feeding? | |
| DIAPER AREA - OBSERVATION | | | | |
| | 7 | 13(5)(c) | hand sink with soap and hot and cold running water with changing surface within three feet | |
| | 7 | 13(5)(d) | non-absorbent diapering surface sanitary diaper container railing | |
| | 5 | 13(5)(b) | separate from food areas | |
| | 1 | 13(5)(a) | diaper changing procedures posted | |
| CHILDREN INDOOR AREA - OBSERVATION | | | | |
| | 10 | 5(3) | direct supervision | |
| | 10 | 9(1) | ratios 1:12 with no children under age 2 1:8 with 3 children under age 2 1:6 with 6 children under age 2 | |
| | 10 | 13(10)(d) | sharp objects, medicines, plastic bags, poisonous plants chemicals such as cleaning supplies | |
| | 7 | 12(2) | 35 square feet per child | |
| | 7 | 13(1)(a) | fire extinguishers inspected annually | |
| | 7 | 13(2) | lighters and matches inaccessible | |
| | 7 | 13(10) | equipment and furniture in good repair | |
| | 7 | 13(10)(a) | equipment safety | |
| | 7 | 13(10)(b) | age appropriate furniture safety straps on high chairs | |
| | 7 | 13(10)(f) | cushioning in 6 foot fall zone no indoor equipment over 3 feet | |
| | 7 | 13(13) | adequate housekeeping | |
| | 5 | 13(10)(e) | electrical outlets | |

| / | # | R430-60- | KEY WORDS | NOTES |
|---|----------|-----------------|--|--------------|
| | 5 | 13(10)(g) | debris, paint, wallpaper, plaster, walls, floors, ceilings, rugs | |
| | 5 | 13(15) | between 72 and 85 degrees | |
| | 3 | 12(1) | age-appropriate activities sufficient supplies available | |
| | 3 | 5(1) | licensee supervises program | |
| <i>CHILDREN'S INDOOR AREA - POTENTIAL QUESTIONS THAT MAY BE ASKED OF STAFF</i> | | | | |
| | 10 | 9(2) | How many children under the age of 2 may be cared for when there are only 2 care givers? | |
| | 10 | 9(3) | If you are the only care giver and there are no children under 2 in care, can you exceed the 1:12 ratio? If yes, by how many and for how long? | |
| | 7 | 9(5) | When do you have children under 2 years of age in a separate area? | |
| | 5 | 9(6) | When do you count staff children in ratios? | |
| <i>SLEEP AREA - POTENTIAL QUESTION THAT MAY BE ASKED OF STAFF</i> | | | | |
| | 7 | 13(16) | How often do you clean and sanitize mats and sleeping equipment? | |
| <i>BATHROOM - OBSERVATION</i> | | | | |
| | 7 | 13(8) | toilet paper liquid hand soap facial tissues single use paper towels or warm air hand dryers | |
| | 7 | 13(11) | hot water not over 120 degrees | |
| | 3 | 13(17) | number of toilets - 1:15 direct supervision when public bathrooms are used | |
| | 3 | 13(7) | hand washing procedures posted | |
| <i>BATHROOM - POTENTIAL QUESTIONS THAT MAY BE ASKED OF STAFF</i> | | | | |
| | 7 | 13(4) | How often do you clean and disinfect the toilets? | |
| | 7 | 13(7) | When and how do you wash your hands and the hands of the children? | |

| / | # | R430-60- | KEY WORDS | NOTES |
|--|----------|-----------------|--|--------------|
| <i>FIRST AID AND BODILY FLUIDS CLEAN-UP KIT - OBSERVATION</i> | | | | |
| | 7 | 13(9) | first aid kit and portable blood and bodily fluid clean- up kit | |
| <i>FIRST AID AND BODILY FLUIDS CLEAN-UP KIT - POTENTIAL QUESTION THAT MAY BE ASKED OF STAFF</i> | | | | |
| | 7 | 13(9) | When and how do you use the first aid kit? the bodily fluids clean-up kit? | |
| <i>FOOD AREA - OBSERVATION</i> | | | | |
| | 5 | 15(3)(b) | labeled with the child's name | |
| | 1 | 15(1) | Food Service Sanitation Regulations local health department regulations | |
| <i>FOOD AREA - POTENTIAL QUESTIONS THAT MAY BE ASKED OF STAFF</i> | | | | |
| | 7 | 15(7) | Are any children on special diets, formula, breast milk or food supplements? How do you obtain parental permission to for these? | |
| | 5 | 15(5) | On what do you serve children's food? | |
| | 5 | 15(6) | Do you serve meals and snacks? How often? | |
| | 3 | 15(3)(a) | Do parents ever bring in food for all of the children? Is it home-made or store bought? | |
| <i>ANIMALS - OBSERVATION</i> | | | | |
| | 10 | 14(1)(d) | not dangerous or aggressive | |
| | 7 | 14(1)(a) | clean and in good health | |
| | 7 | 14(1)(b) | confined or under control | |
| | 7 | 14(1)(e) | not in food areas | |
| <i>ANIMALS - POTENTIAL QUESTIONS THAT MAY BE ASKED OF STAFF</i> | | | | |
| | 7 | 14(2) | Who is responsible for the cleaning of animals and cages? | |
| | 7 | 14(4) | How do children interact with reptiles? | |

| / | # | R430-60- | KEY WORDS | NOTES |
|---|----|----------|---|-------|
| <i>MEDICATION - OBSERVATION</i> | | | | |
| | 10 | 10(6) | secured from access to children | |
| | 7 | 10(7) | refrigerated packaging and container | |
| | 7 | 10(3) | medication release form: | |
| | 7 | 10(3)(a) | -name of medication | |
| | 7 | 10(3)(b) | -dosage | |
| | 7 | 10(3)(c) | -route of administration | |
| | 7 | 10(3)(d) | -times and dates to be administered | |
| | 7 | 10(3)(e) | -illness or conditions | |
| | 7 | 10(3)(f) | -parent signature | |
| | 7 | 10(4) | medication records: | |
| | 7 | 10(4)(a) | -times, dates, and dosages | |
| | 7 | 10(4)(b) | -signature of initials of care giver who administered medication | |
| | 7 | 10(4)(c) | -errors in administration or adverse reactions | |
| | 1 | 10(8) | return unused and out-of-date medications | |
| <i>MEDICATION - POTENTIAL QUESTIONS THAT MAY BE ASKED OF STAFF</i> | | | | |
| | 10 | 10(5) | What would you do if a child has an adverse reaction to a medication or an error is made in the administration of a medication? | |
| | 7 | 10(1) | Are you responsible for giving medications? | |
| | 7 | 10(2) | If you give medications, what training have you had in the administration of medications? | |

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|--|---|----------|--|-------|
| <i>OUTSIDE AREA - OBSERVATION</i> | | | | |
| | 7 | 12(3) | 40 square feet per child | |
| | 7 | 12(4) | fenced or natural barrier fence 4 ft high with gaps no larger than 3½ in | |
| | 7 | 13(14) | entrances, exits, steps, and outside walkways | |

| / | | # | R430-60- | KEY WORDS | | | | | NOTES | | | | | |
|--------------------------|--------|---------|--|-------------|-----|-----|-----|--|-------|----|----|-----|-----|-----|
| PERSONNEL RECORDS | | | | | | | | | | | | | | |
| SAMPLE | | | | PERCENTAGES | | | | | S1 | S2 | S3 | S4 | S5 | S6 |
| Total # | Review | Missing | 15 | 12 | 10 | 8 | 6 | | | | | | | |
| 1-6 | All | 1 | 93% | 92% | 90% | 88% | 83% | | | | | | | |
| 7-12 | 6 | 2 | 87% | 83% | 80% | 75% | 67% | | | | | | | |
| 13-20 | 8 | 3 | 80% | 75% | 70% | 63% | 50% | | | | | | | |
| 21-40 | 10 | 4 | 73% | 67% | 60% | 50% | 33% | | | | | | | |
| 41-60 | 12 | 5 | 67% | 58% | 50% | 38% | 16% | | | | | | | |
| 61-80+ | 15 | 6 | 60% | 50% | 40% | 25% | 0% | | | | | | | |
| | 1 | 6(1) | orientation training | | | | | | | | | | | |
| | 1 | 6(7) | TB screening (within 2 wks) | | | | | | | | | | | |
| | 1 | 6(3) | First Aid and CPR | | | | | | | | | | | |
| | 1 | 7(2)(a) | BCI | | | | | | | | | | | |
| | 1 | 15(4) | food handler's permit | | | | | | | | | | | |
| | 1 | 7(2)(b) | in-service training records | | | | | | | | | | | |
| | 1 | 6(6) | date, topics, name, organization on training records | | | | | | | | | | | |
| | 1 | 9(4) | on call staff can arrive within 20 min | | | | | | | | | | | |
| PERSONNEL RECORDS | | | | | | | | | | | | | | |
| SAMPLE | | | | PERCENTAGES | | | | | S7 | S8 | S9 | S10 | S11 | S12 |
| Total # | Review | Missing | 15 | 12 | 10 | 8 | 6 | | | | | | | |
| 1-6 | All | 1 | 93% | 92% | 90% | 88% | 83% | | | | | | | |
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| 13-20 | 8 | 3 | 80% | 75% | 70% | 63% | 50% | | | | | | | |
| 21-40 | 10 | 4 | 73% | 67% | 60% | 50% | 33% | | | | | | | |
| 41-60 | 12 | 5 | 67% | 58% | 50% | 38% | 16% | | | | | | | |
| 61-80+ | 15 | 6 | 60% | 50% | 40% | 25% | 0% | | | | | | | |
| | 1 | 6(1) | orientation training | | | | | | | | | | | |
| | 1 | 6(7) | TB screening (within 2 wks) | | | | | | | | | | | |
| | 1 | 6(3) | First Aid and CPR | | | | | | | | | | | |
| | 1 | 7(2)(a) | BCI | | | | | | | | | | | |
| | 1 | 15(4) | food handler's permit | | | | | | | | | | | |
| | 1 | 7(2)(b) | in-service training records | | | | | | | | | | | |
| | 1 | 6(6) | date, topics, name, organization on training records | | | | | | | | | | | |
| | 1 | 9(4) | on call staff can arrive within 20 min | | | | | | | | | | | |

| / | # | R430-60- | KEY WORDS | NOTES |
|---|----|------------|--|-------|
| TRAINING - POTENTIAL QUESTIONS THAT MAY BE ASKED OF STAFF IS FURTHER CLARIFICATION IS NEEDED | | | | |
| | 10 | 430-6-5(3) | Did you complete a BCI form when hired? | |
| | 10 | 6(3) | Any staff alone in center: Do you have current First Aid and CPR? | |
| | 7 | 6(1) | Did you complete orientation training before being alone with the children which included: | |
| | 7 | 6(1)(a) | -health and safety procedures and handling emergencies and accidents? | |
| | 7 | 6(1)(b) | -job responsibilities? | |
| | 7 | 6(1)(c) | -discipline? | |
| | 7 | 6(1)(d) | -reporting abuse? | |
| | 7 | 6(1)(e) | -releasing children? | |
| | 7 | 6(4) | Have you received 10 hours of annual training which included: | |
| | 7 | 6(4)(a) | -accident prevention and safety? | |
| | 7 | 6(4)(b) | -positive guidance? | |
| | 7 | 6(4)(c) | -child development? | |
| | 7 | 6(4)(d) | -age appropriate activities? | |
| | 7 | 6(5) | If you care for infants or toddlers, did your annual training include: | |
| | 7 | 6(5)(a) | -preventing Shaken Baby? | |
| | 7 | 6(5)(b) | -coping with crying babies? | |
| | 7 | 6(5)(c) | -preventing SIDS? | |
| | 7 | 9(4) | Is there an on-call staff person who can arrive within 20 minute of being called? | |
| | 5 | 15(4) | If you prepare or serve meals or snacks, do you have a current Food Handler's permit? | |
| | 3 | 6(7) | Have you been employed more than 2 weeks? Have you received a TB screening? | |

| / | # | R430-60- | KEY WORDS | NOTES | | | | | | | | | |
|---|---|----------|---|-------|--|--|--|----|----|----|-----|-----|-----|
| CHILDREN RECORDS | | | | | | | | | | | | | |
| SAMPLE Total # Review 1-6 All 7-12 6 13-20 8 21-40 10 41-60 12 61-80+ 15 | | | PERCENTAGES Missing 15 12 10 8 6 1 93% 92% 90% 88% 83% 2 87% 83% 80% 75% 67% 3 80% 75% 70% 63% 50% 4 73% 67% 60% 50% 33% 5 67% 58% 50% 38% 16% 6 60% 50% 40% 25% 0% | | | | | C1 | C2 | C3 | C4 | C5 | C6 |
| | 7 | 7(1) | admission agreement: | | | | | | | | | | |
| | 7 | 7(1)(a) | -child's name and nickname | | | | | | | | | | |
| | 7 | 7(1)(b) | -parent's name and emergency phone number if not on site | | | | | | | | | | |
| | 7 | 7(1)(c) | -attestation and health evaluation: (i)allergies and sensitivities (ii)medical conditions and current immunizations | | | | | | | | | | |
| | 7 | 7(1)(d) | -name of child's physician | | | | | | | | | | |
| | 7 | 11(2) | permission for emergency medical treatment | | | | | | | | | | |
| | 7 | 11(2) | injuries and incidents reports | | | | | | | | | | |
| | | | | | | | | | | | | | |
| SAMPLE Total # Review 1-6 All 7-12 6 13-20 8 21-40 10 41-60 12 61-80+ 15 | | | PERCENTAGES Missing 15 12 10 8 6 1 93% 92% 90% 88% 83% 2 87% 83% 80% 75% 67% 3 80% 75% 70% 63% 50% 4 73% 67% 60% 50% 33% 5 67% 58% 50% 38% 16% 6 60% 50% 40% 25% 0% | | | | | C7 | C8 | C9 | C10 | C11 | C12 |
| | 7 | 7(1) | admission agreement: | | | | | | | | | | |
| | 7 | 7(1)(a) | -child's name and nickname | | | | | | | | | | |
| | 7 | 7(1)(b) | -parent's name and emergency phone number if not on site | | | | | | | | | | |
| | 7 | 7(1)(c) | -attestation and health evaluation: (i)allergies and sensitivities (ii)medical conditions and current immunizations | | | | | | | | | | |
| | 7 | 7(1)(d) | -name of child's physician | | | | | | | | | | |
| | 7 | 11(2) | permission for emergency medical treatment | | | | | | | | | | |
| | 7 | 11(2) | injuries and incidents reports | | | | | | | | | | |

| / | # | R430-60- | KEY WORDS | NOTES |
|--|----|----------|---|-------|
| OTHER RECORDS | | | | |
| | 7 | 13(1) | written emergency and disaster plan | |
| | 7 | 13(1) | fire and disaster drills | |
| | 7 | 13(3) | tobacco, alcohol, illegal substances or sexually explicit materials | |
| | 5 | 14(1)(c) | rabies records | |
| | 1 | 15(2) | health department inspection | |
| POTENTIAL QUESTIONS THAT MAY BE ASKED OF DIRECTOR | | | | |
| | 10 | 8(2)(3) | What is the center's discipline policy? | |
| | 10 | 13(18) | What is the policy concerning firearms or other weapons in the center? | |
| | 7 | 13(12) | What is your procedure for the prevention of insects, rodents, and other vermin? | |
| | 7 | 11(4) | How long can a child cry before a parent is contacted? | |
| | 7 | 13(2) | What is the policy concerning smoking and the use of tobacco? | |
| | 5 | 14(3) | How do you inform parents of animals at the facility? | |
| | 5 | 13(1)(b) | How would you keep Licensing informed if the center's phone number changes? | |
| | 5 | 5(2) | How do you meet the qualifications to be the center's director? | |
| | 5 | 6(2) | What are your minimum care giver qualifications? | |
| | 5 | 11(3) | What is your procedure for informing Licensing if a child needs emergency medical treatment? if there is fatality? if there is a hospitalization? | |
| | 5 | 13(6) | What is your practice if a child's clothing becomes soiled with fecal material or urine? | |
| | 1 | 8(1) | Do you have rules of conduct for children, parents and staff? | |

